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ABSTRACT

In 1896, Sigmund Freud stated that early childhood seduction caused hysteria in his female patients. He later recanted his original finding and claimed that the reports of abuse he heard from his patients were not descriptions of real events, but his patients' expressions of unconscious childhood wishes. The theory of the Oedipal complex gave practitioners a reason for why they were hearing about seduction in childhood from their patients, and supported these practitioners in the belief that sexual abuse was a rare phenomenon. To date, research on child sexual abuse and children's knowledge of sexuality fails to support the Oedipal theory. The theory of the Oedipal complex, although criticized by many authors, continues to exert an influence on the field. It seems as though some have accepted this theory as "truth" and have not examined whether it is consistent with the growing body of knowledge. Given all of this, it must be seriously questioned whether this theory is useful for child abuse professionals. It must be especially questioned whether it is helpful in making forensic judgments, understanding the causes, or treating victims of child sexual abuse. If it is not, it is time to explicitly say so and move toward developing theories grounded in data and scientific facts. (ABL)

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The Oedipal Complex and Child Sexual Abuse Research: A Re-examination of Freud's Hypothesis

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Abstract

Freud's theory of the Oedipal complex continues to exert an influence on the field of child sexual abuse. In the present paper, two questions that can be generated from this theory are examined in the context of past research on sexual abuse and children's sexuality. First, do young children demonstrate knowledge of adult-level sexuality? And second, do they exhibit preference for same-sex parents and antagonism toward opposite-sex parents? The goal of this paper is to raise the issue of whether we should continue to accept the Oedipal theory given what we now know about child sexual abuse.

The Oedipal Complex and Child Sexual Abuse Research:

A Re-examination of Freud's Hypothesis

In 1896, Sigmund Freud rocked Vienna's scientific community by stating that early childhood seduction caused hysteria in his female patients. Famous sex researcher von Krafft-Ebing said Freud's finding sounded like a scientific fairytale, and the medical community would not acknowledge Freud's finding (Masson, 1985). Freud initially stood his ground. He later recanted his original finding and claimed that the reports of abuse he heard from his patients were not descriptions of real events but his patients' expressions of unconscious childhood wishes (Freud, 1897/1954; Peters, 1976). From this point, Freud was to develop a theory that was to become the cornerstone of his later work--the theory of the Oedipal complex (Marcus, 1989; O'Brien, 1987).

Some have argued that Freud's theory effectively submerged the problem of sexual victimization of children for many decades (Eisnitz, 1984/85). The theory of the Oedipal complex gave practitioners a reason for why they were hearing about seduction in childhood from their patients, and supported these practitioners in their beliefs that sexual abuse was a rare phenomenon (Peters, 1976). In fact, some considered practitioners who believed their patients' stories of sexual victimization to be professionally immature (Herman, 1981).

The women's movement focused attention on the victimization of children (Finkelhor, 1982), with feminist authors directly challenging Freud's initial contention that his patients were lying about their victimization experiences. It is therefore ironic that the theory that submerged sexual abuse continues to

influence professionals in this field.

Some researchers reject Freud's theory as it pertains to sexual abuse based on the idea that Freud's patients were not lying (e.g., Herman, 1981). Others urge caution in interpreting children's behaviors with anatomical dolls citing Oedipal theory as a justification for this caution (e.g., Yates, 1987). Still others may use Oedipal terminology when describing patients (e.g., Sirles, Smith, & Kusama, 1989). In other words, references to the Oedipal theory permeate the child sexual abuse literature. The purpose of the present paper is not to review the entire history of this theory and how it has changed under the influence of various theorists. Rather, the purpose of this paper is to discuss Oedipal theory as it pertains to child sexual abuse.

The majority of criticisms of the Oedipal theory still focus on whether Freud's patients were really victims. This is seen as the central issue related to whether Freud's theory was valid. While these speculations have brought sexual abuse out of hiding, they do not address the validity of the Oedipal theory itself. Recent studies on incidence and prevalence of abuse (e.g., Russell, 1983) indicate that sexual abuse is not the rare problem we once thought. From these studies, we can infer that Freud's patients were most likely reporting real experiences. But inference is all we have since we do not have access to Freud's patients, and cannot ask them directly about their experiences.

Proponents of the Oedipal complex argue that the entire

process occurs on an unconscious level, making it inaccessible to testing. Nevertheless, because it is a theory, it yields questions that can be examined. This paper examines two questions that can be generated from Oedipal theory and explores them in the context past research.

According to the Oedipal theory, children develop through a series of psychosexual stages (oral, anal, phallic, latency, & genital). It is during the phallic stage particularly that the child is thought to have sexual fantasies about the opposite-sex parent, and wishes to replace his same-sex parent in the opposite-sex parent's affections (Marcus, 1987; Yates, 1987). Later the child fears punishment for these fantasies and identifies with the same-sex parent, thus entering the latency stage. If the Oedipal theory is correct, we would expect that during the phallic stage (ages five to six: Stoller, 1975), when Oedipal conflicts are at their peak: 1) children show an increase of sexualized behaviors, and 2) children show an increase in preference toward the opposite-sex parent and antagonism toward same-sex parents (see Note 1).

According to Oedipal theory, we can expect an increase in children's sexual interest around age 5. As interest increases, so does sexualized behaviors. Some have warned that these sexualized behaviors should not confused with symptoms of real sexual abuse. For example, Yates (1987) had this to say:

> Inasmuch as most youngsters do have sexual fantasies about parents and tend to perceive commonplace events as sexual, the phenomenon cannot be viewed as pathological or as legal abuse. The fact that these fantasies come to light

> during the course of a sexual abuse investigation merely indicates that we are now asking children questions that facilitate the verbalization of Oedipal fantasy material (p. 478).

As the above quotation indicates, Oedipal theory would predict that sexualized behaviors occur in even nonabused children (Eisnitz, 1984/85; Freud, 1897/1954). Yet sexualized behaviors have been a frequently cited symptom of child sexual abuse (Conte & Schuerman, 1987; Mannarino & Cohen, 1986). Do nonabused children also exhibit these behaviors? Obviously, this question also has serious legal ramifications, and there are two ways to approach it. First, do young children have knowledge of adult-level sexuality? And second, do young children (especially around ages five to six) act out sexual behavior when playing with sexually explicit anatomical dolls?

To date, only a few studies have been done on nonabused children's knowledge of sexuality. The results of two studies (Bernstein & Cowan, 1975; Kreitler & Kreitler, 1966) reveal that children's knowledge of sexuality and reproduction was related to their level of cognitive development. Bernstein and Cowan (1975) found that children's understanding of cause and effect relationships was central to their understanding of sexuality. According to the authors, a full understanding of cause and effect does not happen until ages nine to ten. Even when young children could use sexual terms, their knowledge of intercourse and reproduction seemed to have a fantastic quality--describing, for example, how spermatoza would magically grow a mouth to eat

through the shell of the egg (Bernstein & Cowan, 1975). Thus is seems that children take in information about reproduction and sexuality, and radically transform it depending on their level of development. The farther children are from an understanding of cause and effect relationships (which parallels other cognitive milestones), the farther their knowledge of sexuality seems to be from an adult level. This is not to say that children are not curious about sex and sex differences (e.g., Rosenfeld, Siegel, & Bailey, 1986), but their knowledge is extremely limited and is not at an adult level (Gordon, Schroeder, & Abrams, 1990).

Similarly, recent studies indicate that nonabused children do not tend to act out sexual behavior, such as intercourse or oral-genital contact, with anatomical dolls. In four studies (Everson & Boat, 1990; Jampole & Weber, 1987; Sivan, Schor, Koeppel, & Noble, 1988; White, Strom, Santilli, & Halpin, 1986), nonabused children were given the opportunity to play with anatomical dolls. All of these studies indicate that most (approximately 95%) nonabused children did not spontaneously act out sexual acts whereas the abused children were much more likely to. In addition, the nonabused children who did act out with the dolls were often the older children (Everson & Boat, 1990; Jampole & Weber, 1987), in some cases being well past the phallic stage (Jampole & Weber, 1987). None of these studies were done as a direct test of the Oedipal theory. Yet their results do not support the idea that young children have adult-level knowledge of sexuality or spontaneously act out sexually explicit behavior.

The second question concerns other types of Oedipal behaviors such as preference for opposite-sex parents and

antagonism toward same-sex parents. Proponents of Oedipal theory predict that these behaviors increase from ages four to five, peak at ages five to six, and completely die out when the child enters latency. Only one recent study has specifically addressed this question. Watson and Getz (1990) found that children do have an increase in behaviors that might indicate the presence of Oedipal conflicts. They collected data from both parents' daily diaries (for children ages three, four, five, and six), and children's completion of story stems with family themes. The authors found that preferences for opposite-sex parents and antagonism for same-sex parents peak at age four and decrease sharply at age five.

At first glance, these data seem to support the Oedipal theory. Watson and Getz (1990), however, propose an alternative explanation for these findings based on children's social-cognitive development. According to the authors, these Oedipal behaviors can be understood in terms of children's understanding of role relations, parental omniscience, and age relativity. Central to this explanation is children's developing ability to see more than one aspect of a situation at a time. In general, preschoolers have difficulty seeing themselves and others in more than one role. Within a family, young children have difficulty understanding that, for example, a man can be their father and at the same time husband to his wife. Children may feel threatened when they perceive that their fathers, for example, cease to be their fathers when they are also husbands.

At the same time, children are learning much about their

world, including that people tend to marry the person they love the most, and that males marry females. To stave off fears about growing up and "losing" their mothers, young boys may talk about marrying their mothers and young girls may talk about marrying their fathers. Watson and Getz (1990) found that children show a sharp increase in these types of behaviors at four years old when they have enough cognitive maturity to think about these family issues but not enough maturity to realize that people can be in more than one role. It is only when a child has developed sufficient cognitive maturity to understand that they can simultaneously be in more than one relationship (son to their parents and husband to a wife) that their fears abate and the "conflict" is resolved. Indeed, Watson and Getz (1990) demonstrated that children's so-called Oedipal behaviors corresponded more closely to children's abilities to understand role relationships than they do to ages of Oedipal stages. Unlike Oedipal theory, cognitive development and understanding of role relationships can and should be examined in future studies. The results of Watson and Getz (1990), in the meantime, offer at least one viable alternative explanation for Oedipal behaviors.

Conclusions

To date, research on child sexual abuse and children's knowledge of sexuality fails to support the Oedipal theory. Perhaps it is time for us to move beyond speculating about whether Freud's patients were really victims and concentrate on what we know about child sexual abuse. The theory of the Oedipal complex, although criticized by many authors, continues to exert an influence on our field. It seems as though some have accepted

this theory as "truth" and have not examined whether it was consistent with the growing body of knowledge. Those of us who work in this field should also bear in mind that Freud derived the Oedipal theory by recanting his earlier position. Given all of this, we must seriously question whether this theory is useful for child abuse professionals. We must especially question whether it is helpful in making forensic judgments, understanding the causes, or treating the victims of child sexual abuse. If it is not, it is time for us to explicitly say so and move toward developing theories grounded in data and scientific facts.

Note

A parallel electra complex has been described for the psychosexual development of girls, but this theory is not nearly as well-developed as the theory of the Oedipal complex. While Oedipal theory primarily describes the development of boys, both boys and girls are thought to go through Oedipal stages (Stoller, 1975). The Oedipal theory described in the present paper concerns the development of both boys and girls.

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